

Responsible RestartOhio



Senior Centers

All facilities are required to follow relevant mandates in the [Director's Second Amended Order for Social Distancing, Facial Coverings and Non-Congregating](#). Guidance on the order is available on the [Responsible Restart Ohio: Social Distancing, Masking, and Congregating page](#) at coronavirus.ohio.gov.

Mandatory

Testing and Vaccination Status

- Have a strategy in place for testing staff and participants, regardless of vaccination status, with known or suspected COVID-19 exposure or signs or symptoms of COVID-19.

Recommended Best Practices

- Encourage staff and participants to become fully vaccinated, if feasible. (A vaccine recipient is fully vaccinated two weeks after a one dose vaccine or two weeks after the second dose of a two-dose vaccine.)
- Routinely test unvaccinated staff, volunteers, and participants, if feasible, and/or encourage unvaccinated staff, volunteers, and participants to be tested on their own prior to coming to the center. (Unvaccinated refers to a person who does not fit the definition of fully vaccinated, including people whose vaccination status is not known.)

General Operations

- Develop operations policies consistent with Ohio Department of Health (ODH) mandates. Make policies available upon request to participants, visitors, an any representative of ODH or the Ohio Department of Aging (ODA).
- Develop a plan to facilitate operations, evaluating case status in the surrounding community; case status in the center; staffing levels; access to adequate testing for participants and staff; personal protective equipment supplies; and local hospital capacity; and implications for participant physical and mental well-being.

Entering Facility

- Permit access to personnel who are necessary for the operations of the centers. This includes, but may not be limited to, staff, volunteers providing core services, contracted and emergency healthcare providers, contractors conducting critical on-site maintenance, and governmental representatives and regulators and their contractors.
- Have as few points of entry as possible. It is recommended that centers, where possible, have a designated entry point. This does not apply to emergency ingress or egress.
- Screen participants and personnel for COVID-19 each time they enter the facility. This does not apply to exigent circumstances, to emergency medical services, first responders, and similarly situated individuals.
- Maintain a log that records the attendance of each staff member, volunteer, and participant, including name and contact information. Retain the log in accordance with state record retention requirements and make it available upon request to the appropriate local or state health authorities.

Mandatory

Recommended Best Practices

Social Distancing, Masking, and Symptomatic Individuals

- Adhere to all relevant Centers for Disease Control and Prevention (CDC) [Considerations for Community-Based Organizations](#), including but not limited to: facilitating social distancing and hand-washing, and isolating staff and participants who have COVID-19 symptoms while at the center.
- Cohort participants or create participant pods to minimize the risk of disease spread and adverse health outcomes. Cohorting refers to gathering participants as a group that will eat and participate in activities and services together.
- Require staff, volunteers, and participants to wear masks at all times, except when actively eating. Masks should cover nose and mouth, fit snugly, and have multiple layers. Individuals who have difficulty wearing a mask, including people with some disabilities and people with dementia, may participate so long as they are fully vaccinated.

Communication

- Remind and educate participants and visitors about the risks of the spread of COVID-19 and the appropriate safety measures to take to protect themselves, according to the [CDC Considerations for Community-Based Organizations](#).
- Ensure all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.

Sanitation

- Implement CDC guidance for cleaning, disinfecting, and sanitizing.
- Maintain adequate inventory of personal protective equipment (PPE).
- Establish hand-washing or a sanitization station at facility entrance.
- Make sanitizer available for facility and staff participants.

Air Circulation

- Limit use of fans.
- If fan use is necessary, place fans to blow away from participants.
- If possible, available, and accessible, open fresh air handlers.

Congregate Activities

- Adhere to all relevant CDC [Considerations for Community-Based Organizations](#), including but not limited to: food service, meetings, gatherings and performances, and prioritizing outdoor activities over indoor activities.
- Take appointments and sign up participants for activities ahead of time, unless appointments are not feasible due to emergent or unique circumstances.
- If desired, offer field trips and excursions for a limited number of attendees based on the intended destination. Limit activities involving external groups or organizations as much as possible. Large attendee excursions must not be offered.
- Maintain, and in some cases enhance, virtual options to conduct group activities (e.g., music, games, socialization). Examples include FaceTime, Skype, and Zoom.
- Encourage outdoor activities (i.e., dining, classes, etc.) as appropriate and as participants can safely join.
- Require arrival to group activities no more than 10 minutes before start time.
- Alter schedules to reduce contact (e.g., stagger meal, activity, and arrival/departure times).

Transportation

- Transportation providers must adhere to the Ohio Department of Transportation [COVID-19 Guidance for Ohio Public Transit and Human Service Transportation Agencies](#).